

LTC Bulletin

Summer 2011



Do You Have a Falls-Prevention Program?

By Primaris

Physically falling down at any age is very common, but the disease and death rates from falls are highest among the elderly, especially those in long-term care.

The fall rate for nursing home elders is 1.5 per bed, about three times higher than for community-dwelling elders. Nursing home elders also have a higher injury rate from falls compared to community-dwelling elders. Ten to 25 percent need hospital care, or suffer fractures and lacerations. Nursing home elders may also experience a psychological fear of falling, which causes depression and a decrease in their willingness to perform activities such as bathing, dressing and walking.

These are two categories of risk factors for falls:

- 1) *Extrinsic factors or those related to the environment.*
- 2) *Intrinsic factors or those related to the person's condition.*

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Potluck Dinners, Barbeques, Fish Fries, Garden Produce & Other Good Things



By the Section for Long-Term Care Regulation

Family, friends, and others within the community enjoy sharing produce with long-term care residents and sponsoring fish fries, potluck dinners and barbeques. Long-term care facility staff may have questions regarding these types of situations. Here are tips to follow when food will be shared with residents:

- Home-canned, frozen, or dried fruits and vegetables cannot be served through the facility kitchen by facility staff to the general resident population for residents' routine meals and snacks.
- Family and friends may bring home-canned, frozen, or dried fruits and vegetables, and home-processed meats for consumption by their resident. Regulations do not prohibit sharing with a roommate or other close friends in the facility.
- Raw fruits and vegetables grown in a garden or purchased at a local farmers' market may be prepared and served through the facility kitchen by facility staff to residents, as long as the fruits and vegetables are in sound condition, free from spoilage, filth and other contaminants, and appropriately stored and washed before serving.
- Raw meat prepared and served through the facility kitchen by facility staff for residents must be obtained from sources that comply with all laws relating to food and food labeling.
- Potluck dinners, barbeques, and fish fries sponsored for residents by family members or community groups (such as churches, schools, fire fighters, police, military, etc.) should be encouraged by facility staff. These social events do not fall under the same guidelines as food served through the facility kitchen by facility staff.
- Family or friends may bring home-processed meats for their resident's consumption if the resident chooses to eat the product.
- Only commercially prepared milk may be served through the facility kitchen by facility staff to residents.

If it is obvious that perishable foods are being stored improperly for extended periods of time, the facility administrator will need to intervene appropriately.

If you have any questions, please contact the Section for Long-Term Care Regulation at (573) 526-8524.

Falls Prevention

(Continued from Page 1)

Intrinsic	Extrinsic
▪ Recent history of falls ▪ Incontinence ▪ Dementia ▪ Delirium ▪ Postural hypotension ▪ Osteoporosis ▪ Arthritis ▪ Parkinson's disease ▪ Cardiac disease ▪ CVA or TIA ▪ Syncope ▪ Medications • Diuretics • Antihypertensives • Psychoactive drugs • Depression drugs • NSAIDs • Diabetes oral agents • Heart medications	▪ Wet floor ▪ Floor glare ▪ Cluttered room ▪ Poor lighting ▪ Loose cords or wires ▪ Inappropriate or lack of footwear ▪ Low toilet seat ▪ Wheels on beds or chairs ▪ Restraints ▪ Unsafe or broken equipment ▪ Beds left in high positions ▪ Objects not within reach ▪ Poorly fitting clothing

Elders fall for many reasons. Therefore, a falls-prevention program should focus on minimizing the impact of falls. The program should not try to eliminate falls by forcing elders to become inactive or use physical restraints. Residents in restraints still fall, and the outcomes are more serious compared to non-restrained residents. For instance, restrained residents often become entrapped, strangle and die. Restraints affect body systems and can cause poor circulation, constipation, incontinence, weak muscle and bone structure, pressure ulcers, agitation, depressed appetite and infections. Restraints can also cause a decline in quality of life, including reduced social contact, withdrawal, loss of autonomy, depression and disrupted sleep. A falls-reduction program requires an individualized approach that combines environmental changes, medical treatment and rehabilitation.



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The Dining Experience

By Sam Plaster, State Culture Change Coordinator

***“Eating is not merely a material pleasure. Eating well gives a spectacular joy to life and contributes immensely to goodwill and happy companionship. It is of great importance to the morale.”
- Elsa Schiaparelli***



One of the most obvious differences between an institution and a home is the dining experience. At home, the kitchen is generally open to the entire household and is the hub of activity. Mealtimes and food choices are based on household members' schedules, likes and dislikes. Appetites are stimulated by the sights, sounds, and smells of meal preparation, which sends signals throughout the home that it is time to eat.

In an institution, the kitchen is separate from the rest of the building and is off limits to the individuals it serves. Mealtimes and food choices are based on cost and staff scheduling conveniences. Mass quantities of food are prepared with little regard to individual preferences. Few of the sights, sounds, and smells familiar to home are present.



Fortunately, times are changing. Home is finding its way back into the long-term care dining experience. Rigid mealtimes are being replaced with open dining. Cafeteria trays and utensils are being replaced with attractive dinnerware and tablecloths. Individuals are waking to the smell of cooked-to-order eggs prepared in the dining room. Those who prefer to sleep-in are served a hot meal when they rise, or are being offered a continental breakfast. Meal choices are being expanded with buffet or restaurant style dining or multiple entree choices with always available menus. Family style dining is occurring in small households, often with the household residents involved in meal preparation.



Assistance and cuing techniques for individuals with dementia are taking the place of feeding around half-moon tables. Undignified language, such as “feeders,” is being replaced by “individuals who need assistance with dining.” Bibs are being replaced with linen napkins or dining scarves. Restrictive therapeutic diets are being reevaluated and liberalized.

Small kitchens are being added that provide “refrigerator rights” and access to snacks of choice at all times. They also become a comfortable place for residents and visitors to use to prepare and eat a meal with their loved ones. Care providers are being empowered to respond to individual food requests anytime, day or night.

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Falls Prevention *(Continued from Page 3)*

The program should focus on:

- 1) *Decreasing the number of falls a resident experiences.*
- 2) *Limiting the injuries that cause falls.*

Decreasing the Number of Falls:

To decrease resident falls, complete a falls-risk assessment when a resident moves into your community. Complete the assessment on admission, each time a resident falls and at least quarterly. The assessment should identify and address a resident's risk factors, treat his or her medical conditions, and determine causes for previous falls. Residents identified as high-risk should have more detailed interventions.

Residents fall most often in the bathroom and when attempting to get in and out of bed. Staff members who can anticipate residents' bedtime and toileting needs may be able to decrease resident falls. A home can anticipate a resident's needs by assigning the *same* care staff to him or her each day. Consider all the extrinsic reasons a resident may fall and ensure that the environment is hazard-free, has proper lighting, adjustable beds, and that the resident is wearing appropriate shoes and clothing. Residents who are bored and disengaged will participate in hazardous activities.

Limiting Injuries That Cause Falls:

Some residents might benefit from physical therapy to address problems with gait, balance and strength. Others may benefit from protective padding such as hipsters or a soft helmet. By knowing a resident's needs and preferences, you can help prevent injuries from falls!

Improve the Falls-Prevention Program In Your Home Today!

Implement the following actions:

- Conduct a Root Cause Analysis and develop a plan to target areas for improvement. After implementing the plan, evaluate and revise as necessary.
- Develop a system to track and trend residents' falls by location, time of day, causes, and outcomes.
- Utilize a multi-disciplinary fall team that includes:
 - Employees interacting with residents;
 - Nurse assistants;
 - Nurses;
 - Housekeepers;
 - Dieticians; and,
 - Therapists.

Remember that falls prevention is **everyone's** responsibility. Primaris provides many educational resources on how to implement an effective fall-prevention program and other quality improvement tools to help you succeed! Visit www.primaris.org today! **Questions? Please contact Pam Guyer, pguyer@primaris.org.**

Advance Directives in Long-Term Care Facilities

*By Cheryl Blackburn, Region 1 Manager and
Kristie Luebbering, Quality Assurance Unit*

A resident in a long-term care facility is not required to have an Advance Directive for Health Care. However, a facility must discuss its policies regarding emergency and life-sustaining care and a resident's right to make decisions at admission and annually.



Residents' Rights law, at 19 CSR 30-88.010(10), requires a facility to review residents' Advance Directives for Health Care with residents prior to or at admission, and annually. This applies to every licensed long-term care facility. Additionally, F156 for federally certified facilities requires facility staff to inform residents of their right to formulate an Advance Directive. Staff must document whether residents formulated such a directive in each resident's medical record. F156 also requires a facility to educate facility staff regarding its policies and procedures and follow state laws regarding Advance Directives.

A resident's health condition and wishes may change over time. That's why it's important for a facility to have an annual discussion with residents and their responsible parties about possible changes to residents' Advance Directives for Health Care.

Facilities in Joplin

An EF5 tornado devastated Joplin, Mo., on May 22, 2011. The storm's destructive path affected four long-term care facilities: the Greenbriar, Meadows Care Center, Love and Care Boarding Home, and Joplin Healthcare. The Greenbriar lost 15 residents and one employee; the other facilities suffered significant damage to their buildings. Many other facilities suffered through loss of power, water boil orders and the daunting task of relocating residents in order to meet their needs. Staff members of the Section for Long-Term Care Regulation would like to send their deepest and most sincere sympathy to these facilities and the entire City of Joplin. We hope that in this tragedy you can find comfort and strength in your family and community.



The Greenbriar, after the tornado.

The Dining Experience

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Food is an important part of any culture. Cook outs, fish fries, and potluck dinners are also instrumental in maintaining a connection to friends, family, and the community outside of the home. Participation in food-related activities, such as tending gardens, cooking, or setting tables, can provide individuals with a sense of purpose.

Considerable research indicates that improving the dining experience can be cost neutral or even cost saving. Providing good food that residents want to eat can minimize medication, laxatives, appetite stimulants, vitamins, and supplement usage; reduce waste; impact a myriad of potential health outcomes related to poor nutrition; and increase customer satisfaction.

Just as there are cultural differences between my home and yours, the long-term care home is no exception. There is no one-size-fits-all approach to the dining experience. You should seek out individual's preferences as well as input from resident and family councils.

As always, regulatory compliance is a concern. All of the examples provided above can be and are being implemented successfully with some planning. It is a good idea to contact your Section for Long-Term Care Regulation regional office to discuss any major changes you are planning and to discuss any compliance concerns that may need to be overcome.

Culture Change Resources



<http://www.momc5.com/>



<http://www.pioneernetwork.net/>

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Resident Spotlight

Helen Wilburn

Nominated by Tammie Henderson, McLarney Manor Administrator



Helen Wilburn entered a new home in March 2010—McLarney Manor in Brookfield. From the minute she stepped through the front door, Helen became an inspiration to staff and fellow residents. She embraced new ideas and became known for her upbeat, never-get-you-down personality.

Helen is co-chair of the “Welcome Wagon” and Resident Council vice president. She works tirelessly delivering welcome baskets, get-well cards to residents in the hospital, and birthday cards to those celebrating their special day. She labors on many projects for the facility Christmas Store.

“Helen makes each new resident feel welcome and informs them of what’s happening within the facility,” said Tammy Henderson, McLarney Manor administrator. “She is irreplaceable. She doesn’t hesitate to do for others when she sees the need.”

Helen grew up with six brothers and three sisters and did the majority of housework. She raised five children while working at the Glove Factory and Brown Shoe Factory. Later she and her husband owned a convenience store. When her husband died in 1993, she continued to run the store solo until she

retired. Retirement allowed her the time to pick up a former hobby—sewing—a skill she learned from her mother when very young.

Helen now uses that hobby to help McLarney Manor residents and staff. Residents often ask her to sew, quilt and mend clothing, but her favorite is sewing little school dresses for staff members’ children. Employees will bring in the material and patterns and Helen will make a dress in no time. During National Nursing Home Week, Helen created a quilt for Henderson.

“Staff and residents surprised me...” Henderson said. “It meant so much more because Helen made it. It was beautiful and I will cherish it forever. She made sure every resident’s and staff member’s handprint was included.”

“Helen gets embarrassed with even a simple thank you,” Henderson says. “I could go on and on, but she wouldn’t appreciate all the attention. I, along with my staff and fellow residents, can’t thank her enough for being her.”



The *LTC Bulletin* is published quarterly by the Section for Long-Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov or you may call (573) 526-8514.